

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

RECEIVED
EMAIL
OCT 30 2009

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

Patshey.com

IMPORTANT: Indicate by # type of committee you are reporting for: 6

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

DOT SHEY

Political Party (if applicable)

Office Sought

CITY COUNCIL

District (if Senate or House)

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm # _____

Logged In _____

Scanned _____

Computer _____

Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

[Signature]
SIGNATURE OF PERSON FILING REPORT

319-362-2277
TELEPHONE

10-29-09
DATE SIGNED

I AM FILING A 10-28-09 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

11-3-09

County & Local Committees, enter County in
which Election is held

LINN

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

1,456.69

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

8,498.97

Schedule F: Loans Received total (Attach Schedule F)

-

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

-

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

9,955.66

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

4,598.44

Schedule F: Loan Repayments total (Attach Schedule F)

-

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

5,357.22

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$

2,845.81

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☐ NO ☒

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

930.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)		MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM		

COMMITTEE NAME (Must be same as on Statement of Organization)

PA7 SHEY. Co

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10-7-09	ID# CK#	GREG & DEB NEUMEYER 1685 MACKENZIE DR CA 52411		\$ 50	<input type="checkbox"/>
10-7-09	ID# CK#	RICHARD PANKEY 342 WOODLAND SE CA 52403		100	<input type="checkbox"/>
10-7-09	ID# CK#	CHUCK & ANN HAMMOND 3122 PARKVIEW SE OR 52403		100	<input type="checkbox"/>
10-7-09	ID# CK#	STEVE & JANNIE WAHLE 2330 GRANDE SE CA 52403		100	<input type="checkbox"/>
10-7-09	ID# CK#	PETE LAYDEN 2315 BLAKE SE CA 52403		50	<input type="checkbox"/>
10-7-09	ID# CK#	BOB & SUE BUTSCH 751 LEAFY CT SE CA 52403		100	<input type="checkbox"/>
10-7-09	ID# CK#	CALVIN & ANDREA LEWENZ NORRIS 1844 GRAND 2ND AVE SE CA 52403		150	<input type="checkbox"/>
10-7-09	ID# CK#	KEVIN & KATHLEEN KNUTSON 1574 TURKEY RIDGE CT NW CA 52403		250	<input type="checkbox"/>
10-7-09	ID# CK#	GREG & WENDY DUNN 206 ARBUTS FORD RD CA 52403		200	<input type="checkbox"/>
10/9	ID# CK#	CURT & NORMA HAMES		100	<input type="checkbox"/>

SUB-TOTAL

\$1200

TOTAL (if last page of this schedule)

\$1200

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Page 1 of 1
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)		MONETARY RECEIPTS
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COMMITTEE NAME (Must be same as on Statement of Organization)

jetskey.com

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10-7-09	ID# CK#	RON & JEANNE AMOSSON 4210 PIONEER TR SE CA 52403		\$ 100	<input type="checkbox"/>
10/7	ID# CK#	DAVID UNZEITIG 308 ANDOVER SE CA 52403		250	<input type="checkbox"/>
10/7	ID# CK#	JOHN & DILLA COSGROVE 4114 HICKORY LN SE CA 52403		100	<input type="checkbox"/>
10/7	ID# CK#	RICK & MARILYN SKOOGMAN 4701 HICKORY WIND LN MARION 52302		100	<input type="checkbox"/>
10/7	ID# CK#	HOWARD & STACY FLEGMAN 360 FOREST SE CA 52403		100	<input type="checkbox"/>
10/7	ID# CK#	DICK FELTER 2626 INDIAN HILL RD SE CA 52403		50	<input type="checkbox"/>
10/7	ID# CK#	CRAIG DORAN 2101 GRANT SE CA 52403		100	<input type="checkbox"/>
→ 10-9	ID# CK#	BOB & TARA MUORMAN 3505 GRANT WOOD FORE LN CA 52403		100	<input type="checkbox"/>
10/9	ID# CK#	GARY & CATY ROZEK 3460 COTTAGE GROVE SE CA 52403		250	<input type="checkbox"/>
10/9	ID# CK#	CHAS. & PAULA BURGMEIER 7703 WINSTON NE CA 52403		100	<input type="checkbox"/>
SUB-TOTAL				\$1250	
TOTAL (if last page of this schedule)				\$	

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Page 2 of
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Datskey.com

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10/9	ID# CK#	DAVID SMILEY O'BRIEN 4726 LEFEBRECHMAN CA 52411		\$ 100	<input type="checkbox"/>
10/9	ID# CK#	FRED TIMKO PO BOX 5513 CA 52406		150	<input type="checkbox"/>
10/9	ID# CK#	JON EDINA DUSEK 4243 FAY MEADOW SE CA 52407		50	<input type="checkbox"/>
10/12	ID# CK#	TED & CATHY TOWNSEND 13 COTTAGE CIRCLE SE CA 52403		100	<input type="checkbox"/>
10/12	ID# CK#	JIM DIER MARION IA 52302		100	<input type="checkbox"/>
10/12	ID# CK#	ALLAN & MARY THOMAS SALLY DR NE CA 52402		100	<input type="checkbox"/>
10/17	ID# CK#	EMMETT & MARY SCHERMAN 702 BEAVER RIDGE SE CA 52407		50	<input type="checkbox"/>
10/17	ID# CK#	JIM CHIPKAS 3512 KEELE CT SE CA 52403		100	<input type="checkbox"/>
10/17	ID# CK#	DOUG & CERE VAN METRE 440 SQUAW CREEK RD MARION IA 52302		50	<input type="checkbox"/>
10/17	ID# CK#	MASTER BUILDING 15 IA 221 PARK ST DES MOINES IA 50300		350	<input type="checkbox"/>

SUB-TOTAL

\$ 1150

TOTAL (if last page of this schedule)

\$

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For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)		MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM		

COMMITTEE NAME (Must be same as on Statement of Organization)

patskey.com

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10/17	ID# CK#	ANNE ACSEY 1745 APPLEWOOD PL NE CA 92402		\$ 100	<input type="checkbox"/>
10/17	ID# CK#	MARK ROBL ISCKER 2838 ALLERHANY NE CA 92402		100	<input type="checkbox"/>
10/17	ID# CK#	GREY SEFFER 2007 1ST AVE SE CA 92403		50	<input type="checkbox"/>
10/17	ID# CK#	STEVE & KATHY KNUKE 3122 ADIRONDACK NE CA 92402		25	<input type="checkbox"/>
10/17	ID# CK#	KEV SMITH 16824 INDIAN RD SCOTCH GROVE CA 92310		100	<input type="checkbox"/>
10/17	ID# CK#	TODD & KIM NOREUIL 2503 WAGON TRAIL RD CA 92403		50	<input type="checkbox"/>
10/17	ID# CK#	JERRY ZIFSE 1759 APPLEWOOD NE CA 92402		52	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 415

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Datskey.com

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9/28/09	ID# CK# 6721	Brad Canfield 4731 Leptrechaun Ln NE Cedar Rapids IA 52411		\$ 100.	<input type="checkbox"/>
"	ID# CK# 5529	Jeff Elgin 6440 Bowman Ln NE Cedar Rapids IA 52462		\$ 250.	<input type="checkbox"/>
"	ID# CK# 5688	Kory Kaginour 2041 Forest Dr SE Cedar Rapids IA 52403		\$ 100.	<input type="checkbox"/>
"	ID# CK# 9123	B.D. Cooper 575 Aspen Ln Robins, IA 52328		250.	<input type="checkbox"/>
"	ID# CK# 9039	4404 East Post Rd SE Cedar Rapids 52403 Fred & Janet Pitcher		150.	<input type="checkbox"/>
"	ID# CK# 7522	Rbt / Peggy Berenour 3839 Belden Ct NE Cedar Rapids IA 52402		100.	<input type="checkbox"/>
"	ID# CK# 7189	Gary Speicher 3600 13 th Ave NE 5102 Cedar Rapids IA 52402		100.	<input type="checkbox"/>
"	ID# CK# 8453	Arthur Kellart PO Box 222 Mt. Vernon IA 52314		100.	<input type="checkbox"/>
"	ID# CK# 5669	Ron Larson 2225 Ridgeway Dr SE Cedar Rapids 52403		100.	<input type="checkbox"/>
"	ID# CK# 3747	Dana Nichols 2400 Beaver Ave SE Cedar Rapids IA 52403		100.	<input type="checkbox"/>
SUB-TOTAL				\$ 1350.	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Datskey.com

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9/28/07	ID# CK# 6114	Arion Berkhof 2222 1st Ave NE apt. 703 Cedar Rapids IA 52402		\$ 150.	<input type="checkbox"/>
"	ID# CK# 1989	Tom Parks / Mary Hindman 177 Ryeclraft SE Cedar Rapids IA 52403		100.-	<input type="checkbox"/>
"	ID# CK# 6325	James Schmitt 185 Morgan Ct. Cedar Rapids 52411		50.-	<input type="checkbox"/>
"	ID# CK# 761	James P. Craig 4801 Millbrook Ct NE Cedar Rapids IA 52411		100.	<input type="checkbox"/>
"	ID# CK# 1247	Daniel Lynch 410 Hwy 30 W Mt. Vernon IA 52344		200.	<input type="checkbox"/>
"	ID# CK# 1040	Donald Muller 2142 Cottage Grove Meadows Cedar Rapids IA 52403		100.	<input type="checkbox"/>
"	ID# CK# 1945	Rodney Jirnska 191 Seminole Ln #301 Cocoa Beach, FL 32931		100.	<input type="checkbox"/>
"	ID# CK# 7254	James Pate 3699 Northglen Cedar Rapids IA 52403		100.	<input type="checkbox"/>
"	ID# CK# 7836	Keith Kopeck 2465 Blake Blvd SE Cedar Rapids IA 52403		100.	<input type="checkbox"/>
"	ID# CK# 6389	Wm. Nicholson 365 Lindsay Ln Cedar Rapids IA 52403		200.	<input type="checkbox"/>
SUB-TOTAL				\$ 1200.	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

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9/29/09	ID# CK# 3474	Stephen Gray 2649 Indian Hill Rd Cedar Rapids IA 52403		\$ 150.	<input type="checkbox"/>
"	ID# CK# 5609	Stacey Stewart 4840 Millbrook Ct NE Cedar Rapids IA 52411		100.	<input type="checkbox"/>
"	ID# CK# 6403	Paul Rosbarger 512 Knollwood Dr SE Cedar Rapids IA 52403		100.	<input type="checkbox"/>
9/30/09	ID# CK#	DAVID & MARY JO RATHEN 530 VERNON DR SE CR 52403		100	<input type="checkbox"/>
9/30/09	ID# CK#	MO & SALLY GRAM 360 PARKLAND SE CR 52403		100	<input type="checkbox"/>
9/30/09	ID# CK#	STEVE & MARY BETH ALLSUP 521 FAIRVIEW SE CR 52403		200	<input type="checkbox"/>
9/30/09	ID# CK#	RICK & CANDY ALTUNER 221 FOREST SE CR 52403		200	<input type="checkbox"/>
9/30/09	ID# CK#	JOHN HELBUNG 721 BEAVER BLVD C11F CR 52403		100	<input type="checkbox"/>
9/30/09	ID# CK#	MARK ANDERLAND 540 VERNON SE CR 52403		25	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 1025

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Patshey, C.

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10/23	ID# CK#	CLARE & KATHY NFIOWAS 4221 PIONEER TR SE CA 52402		\$ 100	<input type="checkbox"/>
10/23	ID# CK#	DARYL & SUSAN SPURDY 2107 SANDHOGAN AVE CA 52402		100	<input type="checkbox"/>
10/23	ID# CK#	SCOTT FRANK 3820 RICHARD NW CA 52405		100	<input type="checkbox"/>
10/23	ID# CK#	DAVID & KATHY LANSING 1880 COUNTRY CLUB COMMUNITY 52241		100	<input type="checkbox"/>
10/22	ID# CK#	LOREN & PAT COPPING 3603 TIMBERLINE RD CA 52402		100	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 600

TOTAL (if last page of this schedule)

\$ 8900

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

pat-hay.com

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2-16-09	ID# CK#	INTERIM FINANCIAL		\$.41	<input type="checkbox"/>
3-15-09	ID# CK#	" "		.22	<input type="checkbox"/>
4-13-09	ID# CK#	" "		.35	<input type="checkbox"/>
5-13-09	ID# CK#	" "		.36	<input type="checkbox"/>
1-13-09	ID# CK#	" "		.37	<input type="checkbox"/>
5-26	ID# CK#	DEPOSIT		197.16	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

198.97
\$ ~~1.87~~
\$ 8498.97

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 9 of
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

patskey.com

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9-15	ID# CK#	REST BUY CARM RAMP	LASER PRINTER	\$ 74.88
10-27	ID# CK#	US POST OFFICE	POSTAGE	264.00
10-17	ID# CK#	SIGN PAD	SIGNS	1,185.03
10-17	ID# CK#	STAPLES	ENVELOPES TONER PAPER	43.42 ✓
10-18	ID# CK#	STAPLES	ENVELOPES TONER	118.29 ✓
10-19	ID# CK#	US POST OFFICE	POSTAGE	220.00 ✓
10-19	ID# CK#	OFFICE MAT	ENVELOPES PAPER	71.21 ✓
10-24	ID# CK#	US POST OFFICE	POSTAGE	516.63
SUB-TOTAL				\$ 2,494.07
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be advertised on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 38A.402(5)(c).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

DG'shey.com

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-27	ID# CK#	ALLEGRA CEDAR RAPIDS	PRINTING	\$ 1051.44
8-31	ID# CK#	GODARDY	WEB	196.94
9-17	ID# CK#	BEST BUY CEDAR RAPIDS, IA	PROTECTOR	855.99
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			2,104.37
SUB-TOTAL				\$ 4,051.44
TOTAL (if last page of this schedule)				\$ 3,545.51

4,598.44

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 2 of 2

(for Schedule B)

COMMITTEE NAME (Must be same as on Statement or Organization)

patkey.com

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period

Reset Form

SCHEDULE F	INCURRED
(Rev. 08/98)	INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YY)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR OBLIGATED	BALANCE OWED AT CLOSE OF REPORTING PERIOD
9-28-04	PAT SUEY LEGAL COUNSEL AUDITOR	AUDITOR (LIST)	12.50
9-28	PAT SUEY	POSTAGE	132.50
9-30	PAT SUEY	ALLEGRA PRINTING	1781.54
9-17	PAT SUEY	FED EX/KINKOS	29.27
10-15	PAT SUEY	MEDIA QUEST	750.00
9-29	PAT SUEY	POSTAGE	140.00
SUB-TOTAL			\$ 2845.81
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$

If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
(for Schedule D)

CANDIDATE COMMITTEES NOTE

Understand that the purpose of this report is to provide information to the public about the committee's financial activities. It is not intended to provide a detailed accounting of the committee's financial activities. The committee is responsible for the accuracy of the information provided in this report.

RESET

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

COMMITTEE NAME (Must be same as on Statement of Organization)

Datshey.ca

SCHEDULE

H

(Rev. 02/08)

CAMPAIGN
PROPERTYATTACH SCHEDULE H TO
EACH REPORT, MAKING
CHANGES AS REQUIRED.☐ CHECK THIS BOX IF
AMENDING FORM**PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY**

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
9-17-09	POWER POINT PROTECTION	855.	855
9-17-09	LASER PRINTER	75	75

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 930.* If estimated, show **est.** beside figure.**PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY ****

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTALS \$ _____ \$ _____

** PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ _____

(Attach Additional Schedules if Needed)